



**School Name:**

**LFOS On-Site School Coordinator:**

**Title of Activity:**

## Louisiana College Application Month (LCAM)

**Date of Activity:**

Name of Student (Print Clearly)	College(s) Applied to:	Total # of Colleges Applied to:	Registered for FSA ID: Yes or No
_____	1. _____ 2. _____ 3. _____	_____	_____
_____	1. _____ 2. _____ 3. _____	_____	_____
_____	1. _____ 2. _____ 3. _____	_____	_____
_____	1. _____ 2. _____ 3. _____	_____	_____
_____	1. _____ 2. _____ 3. _____	_____	_____
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_____	1. _____ 2. _____ 3. _____	_____	_____
_____	1. _____ 2. _____ 3. _____	_____	_____